

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Limitations on Amount, Duration and Scope of Services Provided to the Categorically Needy

18 Hospice Services:

Hospice services are provided to eligible persons who are terminally ill, regardless of whether they reside in the community or in an institution. In addition to satisfying medical and financial criteria, an applicant shall have signed an Election of Hospice Benefits Statement. Three benefit periods have been defined, two periods of ninety days each, and a third period of thirty days. A subsequent benefit period of indeterminate length is available for a patient who survives beyond the 210 days.

Medical criteria which the individual must meet include a diagnosis of a terminal illness, a medical prognosis of a life expectancy of six months or less, as certified or recertified in writing by a licensed physician (M.D. or D.O.)

Participation in hospice is strictly voluntary, and may be revoked. If the individual, after revoking hospice care, desires to do so, he or she may resume care through hospice in a subsequent benefit period.

Hospice benefit periods are limited to those periods specified in Medicare (Title XVIII) law and regulation.

Services covered by hospice include nursing care, physical therapy, occupational therapy, speech-language pathology services, medical social services, homemaker/home health aide services, durable medical equipment and supplies, drugs and biologicals, counseling services, and supervisory physician services. Services unrelated to the terminal illness are also provided.

Hospice room and board services are provided in a nursing facility (NF) for terminally ill Medicaid recipients who are eligible for and elect to receive hospice care. The applicant must be residing in a Medicaid-approved nursing facility. When the patient receives hospice room and board services while residing in a NF, the hospice also provides either routine or continuous home care hospice services.

Hospice room and board services in a NF are not available if the NF has been designated as providing special programs.

Therapeutic Leave Days: Hospice services are available for up to twenty four days in a calendar year to enable recipients to make home visits.

Bed Hold Days: Hospice services are available for patients being admitted to an acute care hospital from a NF for up to ten days per occurrence.

Recipients who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election for any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition.

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19 a **Case Management Services:**

Clinical case management services, except for the initial evaluation services, must be prior authorized by the Division of Mental Health and Hospitals.

Liaison case management services are limited to sixty days post-discharge from a hospital or inpatient psychiatric program.

94-26-MA (NJ)

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94-26

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Extended services to pregnant women:

- 20(a) Pregnancy related and post-partum services that are provided to pregnant women:
1. Inpatient hospital services (other than those provided in an institution for mental diseases).
 2. Outpatient hospital services.
 3. Other laboratory and X-ray services.
 4. EPSDT; family planning services.
 5. Physicians' services (regardless of location).
 7. Home Health services.
 9. Clinic Services.
 12. Prescribed drugs.
 17. Nurse-Midwife services.

Any limitations on the required services in section 20(a) which are currently described in the Addendum to Attachment 3.1-A are applicable to pregnant women.

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Extended services to pregnant women:

- 20(b) Services for any other medical conditions that may complicate pregnancy:
4. Nursing Facility services (other than those in an institution for mental diseases) for individuals 21 years of age or older.
 6. Medical care and any other type of remedial care recognized under state law (by licensed practitioners, including podiatrists' services, chiropractors' services, and other practitioners' services).
 10. Dental services.
 11. Physical therapy and related services, including occupational therapy, and services for individuals with speech, hearing and language disorders.
 12. Dentures, prosthetic devices, eyeglasses.
 13. Other diagnostic, screening, preventive, and rehabilitative services.
 15. Intermediate care facility services including services in a public institution.
 16. Inpatient psychiatric facility services for individuals under 22 years of age.
 19. See below.
 20. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary (includes transportation, care and services provided in Christian Science Sanatoria, skilled nursing facility services for patients under 21 years of age, and personal care services).

Any limitations on services in section 20(b) which are currently described in the addendum to Attachment 3.1-A are applicable to pregnant women.

19. Targeted case management services as defined in Supplement 1 to Attachment 3.1-A.

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21 **Ambulatory Prenatal Care for Presumptively Eligible Pregnant Women:**

Provided, with the same limitations applicable for the same services provided to the categorically needy listed in the Addendum to Attachment 3.1-A.

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22 **Respiratory Care Services:**

Not provided.

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23 Pediatric or Family Nurse Practitioner Services:

Practitioners will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

HealthStart services are limited to pregnant women and dependent children under the age of two.

Approved injectable or inhalation drugs administered by a nurse practitioner/ clinical nurse specialist working within her/his scope of practice require no prior authorization. Other injectables are not covered as a physician/ nurse practitioner service, but are covered as a pharmaceutical service. This policy does not apply to immunizations.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) Post-exposure prophylaxis*; or
- (3) Selected high-risk groups*.

• Regardless of age

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not a covered service.

Consultations are not reimbursable.

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24(a) Transportation:

The following limitations pertain only to Mobility Assistance Vehicle (MAV) services, formerly called invalid coach services. Prior authorization is required for MAV service. In certain situations, post-service, prepayment authorization is required. Authorization is not required when the beneficiary's place of origin or place of destination is a nursing facility, including ICF/MR.

Both ground and air ambulance service are reimbursable if any other method of transportation is medically contraindicated.

The following limitations apply to air ambulance. Prior authorization is required. In certain situations, post-service authorization is required prior to payment.

Expenses of non-emergency transportation (NET) services are allowed as an administrative cost when provided (1) under arrangement with the Division of Family Development, the Division of Youth and Family Services, the New Jersey Department of Transportation (DOT), or NJ TRANSIT; or (2) under a State-contracted or brokerage system in Essex and Hudson Counties.

MICU/ALS (Mobile Intensive Care Unit/Advanced Life Support) services are limited to those providers approved by the New Jersey State Department of Health and Senior Services.

Transportation to and/or from a medical day care center is provided by the center.

Transportation provided by medical care providers is limited to those providers approved by the Medicaid program.

EPSDT Rehabilitative Service in Association with IEP and/or IFSP:

Limited to transportation services provided under the treatment component of EPSDT to children with disabilities from birth to age twenty one.

Limited to transportation necessary to obtain rehabilitative services in accordance with a child's Individualized Education Program (IEP) or with an infant or toddler's Individualized Family Services Plan (IFSP).

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24(a)1 Transportation:

EPSDT Rehabilitative Services in association with IFSP:

Limited to transportation services provided under the treatment component of EPSDT to children with disabilities from birth to age twenty one.

Limited to transportation necessary to obtain rehabilitative services in accordance with a child's Individualized Family Services Plan (IFSP).

EPSDT Rehabilitative Services in association with IEP:

Limited to transportation services provided under the treatment component of EPSDT to children with disabilities from birth to age twenty one.

Limited to transportation necessary to obtain rehabilitative services in accordance with a child's Individualized Education Program (IEP).

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24(b) Christian Science Nurses:

Not provided. However, EPSDT regulations require these services for
EPSDT patients.

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